

Highlights of the HMA Council Meeting of July 9, 1993

Members present were: J Chang, A Don, F Holschuh, J Spangler, S Wallach, R Stodd, C Kam, C Lehman, B Shitamoto, M Cheng, HKW Chinn, R Kimura, M Shirasu, K Thorburn, C Kadooka, P Kim, H Percy, G Goto, J Lumeng, W Chang, J Kim, A Kunimoto, J McDonnell, W Dang; F Reppun, Editor, *HMJ*; Legal Counsel Vernon Woo; Auxiliary representative, E Don; HMA Staff: B Kendro, L Tong, J Asato, J Estioko, P Kawamoto and A Rogness (recording secretary).

The Council ordered that at the end of July, 80 members who have yet to pay their dues for 1993 be sent a certified letter informing them that they would be dropped from membership for non-payment of dues. In this respect, the treasurer reported revenues, basically from dues, are far behind projected budget figures.

President Jeanette Chang announced that a forum, by invitation only, was to be hosted by President or Mrs. Clinton to discuss health system reform on Tuesday, July 13, 1993, at a site to be determined; HMA has submitted names of 10 physi-

cians as possible attendees, as requested by the White House.

The HMA Auxiliary announced its willingness to support and work on the HMA's Distinguished Medical Reporting Awards program to assist with a number of tasks that might be assigned to its members.

HAMPAC reported its nomination of Mrs. Lillian Nishi for the Belle Chenault Award given by AMPAC to honor auxiliaries who have made a difference by their participation in political action.

The Council adopted and amended a mission statement for the new consortium for CME composed of the HMA and the UH School of Medicine.

It also ordered the appointment of a task force by the president to develop a policy on peer review for the HMA Investigative Committee in its dealings with non-member physicians and institutions.

Fred Holschuh
HMA Secretary



HMSA

HMSA has often come up with innovative projects. One of these is not new: The establishment of clinics, mostly in out-lying areas of the state, with salaried physicians in primary care facilities that are purchased or leased, staffed and fully equipped.

The other is new—introduced to physicians by a letter dated 1 March 1993 announcing HMSA's HealthPass.

The former has run into opposition on the part of physicians who feel that HMSA is competing with its own base of PARs (participating physicians) and particularly with "non-PARs", physicians who do not conform to the fee-for-service schedule of charges set by HMSA. The State Legislature has passed bills to restrict any expansion of such programs initiated by any mutual insurance company. Pressure is being put on the Governor to veto the legislation. [and he did/Ed.]

The pro side of the project claims that such clinics emulate what the federal government is already supporting—federally funded comprehensive primary care, comprehensive family health clinics such as Waianae Coast Comprehensive Health Clinic in Waianae, Kōkua Kālihi Valley and some 5 or 6 others. These serve a need for medical and preventive care for certain populations that otherwise cannot or would not seek access to private physicians.

In a sense, HMSA's clinics perhaps foretell the future: "Managed care", which is now in the eye of both State and national focus.

The new HMSA proposal, Health Pass, is also food for thought. As usual, it is really not very new—it has been in existence for the past 3 years! HMSA states that "over 19,200 screenings have been provided...at our HealthPass facilities" during that period of time.

"HealthPass is a wellness program for adults which includes a health risk appraisal, standard screening tests and the evaluation and development of a Lifestyle Action Plan". Providers have to agree

and sign up to participate. Patients have to agree to pay half the cost.

We have a concern about the payment to the provider, not in terms of the dollar amount so much as what it does to the patient. Granted that it may bring the adult into the office, at least for a modicum of preventive care. But very few people ever consider seeing a doctor when they are well, and even if they do, they almost always have one or more complaints.

Even to evaluate a long-established patient's health status once a year takes at least 45 minutes to an hour, depending on the complexity of the case. A 15-minute quick history and cursory physical exam may very well give the patient a false sense of "all's well with me" at an out-of-pocket fee of \$26 (HMSA pays for the other \$26 for a total of \$52). We would not call that good practice.

On the other hand, it might well alert the examining doctor, if he or she is unusually perceptive and not overburdened, sleepy or tired, to something seriously wrong with that patient. We recall the old dictum: "Every doctor's office is a cancer detection clinic".

When one stops to marvel that in all the prior years of the existence of the insurance against medical illness and injury, no carrier would ever cover annual physicals for adults, this program by HMSA is truly a forward step. One of the reasons it was never covered previously was the fact that the annual physical could always lead to findings that would entail coverage by the insurance carrier for genuine diagnosis of unexpected and unanticipated illness, which would cost the carrier.

In essence then, HMSA's HealthPass is a welcome breach in that barrier, and it is indeed a step in the direction of preventive care—if people will be responsive and responsible!

J I Frederick Reppun MD

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